

APPENDIX A

Survey administered before subjects were introduced to the Icare HOME device. The pre-survey contains self-reported demographic information, practice patterns, and ocular comfort rating.

PRE-SURVEY

Subject number:	Investigator number:	Device number:
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1. Age: _____
2. With which gender do you identify?
 - ☐ Male
 - ☐ Female
 - ☐ X
 - ☐ Other: _____
3. Ethnicity:
 - ☐ Hispanic
 - ☐ Non-Hispanic
 - ☐ Unknown / Not Reported
4. Race:
 - ☐ American Indian or Alaskan Native
 - ☐ Asian
 - ☐ Native Hawaiian or Pacific Islander
 - ☐ Black or African American
 - ☐ White
 - ☐ More than One Race
 - ☐ Unknown / Not Reported
5. What is your handedness?
 - ☐ Ambidextrous
 - ☐ Left
 - ☐ Right
6. What is your distance refractive error in the eye which will be measured? (Answer in spherical equivalent)

 - ☐ Unknown

7. Contact lens wearer:

☐ Yes

i. Are you wearing contact lenses today?

☐ Yes

☐ No

☐ No

8. Do you treat glaucoma?

☐ Yes

☐ No

9. Are you an:

☐ Optometrist?

☐ Number of years in practice? _____

☐ Optometry Resident?

☐ Optometry student?

☐ Year in school? 1 2 3 4 5

☐ Ophthalmologist

☐ Number of years in practice? _____

☐ Other? Please specify: _____ (skip to question 11.)

10. Do you perform in-office serial / diurnal IOP measurements?

☐ Yes

☐ No

11. Do you see a need for in-office serial / diurnal IOP measurements?

☐ Yes

☐ No

12. Do you see a need for patients with glaucoma or suspicion of glaucoma to self-measure IOP?

☐ Yes

☐ No

☐ Not sure

13. Are you comfortable touching your own eyes?

☐ Yes

☐ No

14. Please rate your ocular comfort at this moment in each eye using the scale below:

Right eye:

Very Uncomfortable

Uncomfortable

Comfortable

Very Comfortable

Left eye:

Very Uncomfortable

Uncomfortable

Comfortable

Very Comfortable

APPENDIX B

Survey administered after subjects used the Icare HOME device. The post-survey contains questions regarding the subject's experience with using the device, including ocular comfort rating after the experiment and the device's ease of use.

POST-SURVEY

Subject number:	Investigator number:	Device number:
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15. Please rate your ease of use of the Icare HOME device:

- ☐ Very easy
- ☐ Easy
- ☐ Neutral
- ☐ Difficult
- ☐ Very difficult

16. Please rate ocular comfort in the tested eye while acquiring a measurement:

Very Uncomfortable

Uncomfortable

Comfortable Very Comfortable

17. Please rate ocular comfort in the tested eye after using Icare HOME:

Very Uncomfortable

Uncomfortable

Comfortable Very Comfortable

18. Independent of external factors (cost, practice modality, patient demographic), to what extent do you agree or disagree with the statement: "Using rebound tonometry to self-measure IOP has a role in the management of patients with glaucoma and suspicion of glaucoma"

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral/Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

To be completed by the investigator:

Time taken for successful measurement:
Eye tested: OD OS